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SECRETARY OF STATE TALLAPASSEE, FLOSIDA

MIM

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	B A Hill Carpentry LLC				
30000		ne of Limited Liabil	ity Company		
The enclo	osed Articles of Organization and f	ee(s) are submitted	for filing.		
Please re	turn all correspondence concerning	this matter to the	following:		
	Benjamin Hill				
	· .	Name of	Person		
	,				
		Firm/Co	ompany		
	3775 Helene St.				
		Addi	'ess		=1
	Sarasota, FL 34233			6 MAR	AL CR
	ben_hill@outlook.com	City/State ar	nd Zip Code	一 弱 <u>3</u>	ETARY ETARY FIL
	E-mail address: (to	be used for future	annual report notification)	_ PH	
For further	information concerning this matte	r, please call:		ယ ယ	STA OR
	Ben Hill	941 at (302-9469	37	IDV TE
	Name of Person	Area Code	D aytime Telephone Number		
Enclosed	is a check for the following amoun	nt·			
	Filing Fee \$130.00 Filing F Certificate of St	ee & \$155.0	00 Filing Fee & \$\ \text{S160.00 Filing Fer} \\ \text{ied Copy} & \text{Certificate of Statue} \\ \text{al copy is enclosed} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}	us &	
	Meiling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLESOF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

B A Hill Carpentry L				
(Must end	with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	
Principa	al Office Address:		Mailing Address:	
3775 Helene St.		3775	i Helene St.	
Sarasota, FL 34233		Sara	sota, FL 34233	
	cannot serve as its own	Registered Agent.)r
	cannot serve as its own active Florida registration address of the registered	Registered Agent. ' on.)	nt's Signature:	76 MAR 3
The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio	Registered Agent. ' on.)	nt's Signature:	16 MAR 31
The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Yon.) d agent are:	nt's Signature:	16 MAR 31 PM
The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered Jayne L. Hill	Registered Agent. Yon.) d agent are: Name	nt's Signature: You must designate an individual o	16 MAR 31 PM 3:
The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered Jayne L. Hill	Registered Agent. Yon.) d agent are: Name	nt's Signature: You must designate an individual o	16 MAR 31 PM

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page1 of 2

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
•	"MGR" = Manager	
	MGR = Ivialiage	Benjamin Hill
	WOX	3775 Helene St.
		Sarasota, FL 34233
	AMBR	Jayne Hill
	AUVIDIC	3775 Helene St.
		Sarasota, FL 34233
	(U se attachment if necessary)	
		(0.777.011.1)
RTIC	CLEV: Effective date, if other than the	e date of filing (OPTIONAL)
	errective date is listed, the date must te of filing.)	be specific and cannot be more than five business days prior to or 90 days after
		not meet the applicable statutory filing requirements, this date will not be listed as
	cument's effective date on the Depart	
DTI	CLE VII: Other provinces if any	
Kill	CLE VI: Other provisions, if any.	
		
	REQUIRED SIGNATURE:	
	REUUIRED SIGNATURE.	
		_ ,,
		A. Dis
	<u>Benjamin</u> Signature of	a member or an authorized representative of a member.
	Benjamin Signature of This document is a	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	Benjamin Signature of This document is a I am aware that am	executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State
	Benjamin Signature of This document is a I am aware that am	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	Benjamin Signature of This document is a I am aware that am	executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)